## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/73,749

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |              |                                         |                  |                  |          | SMALL ENTITY TYPE ( |                        |          | OTHER THAN<br>SMALL ENTITY |                        |  |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|-----------------------------------------|------------------|------------------|----------|---------------------|------------------------|----------|----------------------------|------------------------|--|
|                                                | TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                           |              |                                         |                  |                  | İ        | RATE                | FEE                    |          | RATE                       | FEE                    |  |
| F                                              | OR                                                                                                                                                                                                                                                                                                                                                                                              | NUMBE                                     | NUMBER FILED |                                         | NUMBER EXTRA     |                  | BASIC FE | E 385.0             | 00 OF                  | BASIC FE | E 770.00                   |                        |  |
| IJ                                             | TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                         |                                           |              | 17 minus 20=                            |                  | *                |          | X\$.9=              |                        | OF       | . X\$18≡                   |                        |  |
| ΙN                                             | DEPENDENT                                                                                                                                                                                                                                                                                                                                                                                       | 2                                         | minus 3 =    | * _                                     | <u> </u>         |                  | X43=     |                     | OR                     | X86=     |                            |                        |  |
| М                                              | ULTIPLE DEPE                                                                                                                                                                                                                                                                                                                                                                                    | PRESENT                                   |              |                                         |                  |                  | +145=    |                     | OR                     |          |                            |                        |  |
| *                                              | * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                        |                                           |              |                                         |                  |                  | Į.       | TOTAL               |                        | OR       | TOTAL                      | 770                    |  |
|                                                | CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                     |                                           |              |                                         |                  |                  |          |                     | <u> </u>               |          | OTHER                      |                        |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                  | (Column 2)   |                                         |                  |                  | SMALL    | ENTITY              | OR                     | SMALL    | ENTITY                     |                        |  |
| AMENDMENT A                                    |                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F      | ER<br>USLY       | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAI<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                           | *                                         | Minus        | **                                      |                  | =                |          | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
|                                                | Independent                                                                                                                                                                                                                                                                                                                                                                                     | *                                         | Minus        | ***                                     |                  | =                |          | X43=                |                        | OR       | X86=                       |                        |  |
| <u> </u>                                       | FIRST PRESI                                                                                                                                                                                                                                                                                                                                                                                     | ENTATION OF M                             | ULTIPLE DE   | PENDENT                                 | CLAIM            |                  |          | +145=               |                        | OR       | +290=                      |                        |  |
|                                                | ,                                                                                                                                                                                                                                                                                                                                                                                               |                                           |              |                                         |                  |                  | L        | TOTAL<br>ODIT. FEE  | - A                    | ┤ॢ╵      | TÖTAL<br>ADDIT. FEE        |                        |  |
|                                                | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                |                                           |              |                                         |                  |                  |          |                     |                        | I /      | ADDIT. I LET               |                        |  |
| <b>5</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                           | *                                         | Minus        | **                                      |                  | =                |          | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
|                                                | Independent                                                                                                                                                                                                                                                                                                                                                                                     | *                                         | Minus        | ***                                     |                  | =                |          | X43=                |                        | OR       | X86=                       |                        |  |
|                                                | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                     | NTATION OF ML                             | ILTIPLE DEF  | PENDENT C                               | LAIM             |                  |          | +145=               |                        | OR       | +290=                      |                        |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |              |                                         |                  |                  | AD       | TOTAL<br>DIT. FEE   |                        | OR A     | TOTAL<br>DDIT, FEE         |                        |  |
|                                                | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                    | (Column 1)                                |              | (Column                                 |                  | (Column 3)       |          |                     |                        |          |                            |                        |  |
| S INDINGENOUS C                                | •                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO | R<br>SLY         | PRESËNT<br>EXTRA |          |                     | ADDI-<br>IONAL<br>FEE  | j        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                | Total                                                                                                                                                                                                                                                                                                                                                                                           | *                                         | Minus        | **                                      |                  | =                |          | <b>(\$ 9=</b>       |                        | OR       | X\$18=                     |                        |  |
|                                                | ndependent                                                                                                                                                                                                                                                                                                                                                                                      |                                           | Minus .      | ***                                     |                  | =                | ;        | <43=                |                        | OR       | X86=                       |                        |  |
|                                                | -IRST PRESE                                                                                                                                                                                                                                                                                                                                                                                     | NTATION OF MU                             | LTIPLE DEP   | ENDENT C                                | LAIM             |                  |          | 145-                |                        |          | +290=                      |                        |  |
| ** If                                          | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |                                         |                  |                  |          |                     |                        |          |                            |                        |  |